



FEJS Solidarity Fund Application Form

FIRST NAME:

LAST NAME:

ADDRESS:

POSTAL CODE:

CITY:

COUNTRY:

TELEPHONE NUMBER:

MOBILE NUMBER:

PASSPORT NUMBER:

DATE OF BIRTH:

E-MAIL:

I ALREADY PARTICIPATED AT FOLLOWING FEJS EVENTS:

THE REASONS I AM APPLYING FOR THE FEJS SOLIDARITY FUND FINANCIAL SUPPORT:

I AM APPLYING FOR FINANCIAL SUPPORT FROM THE FEJS SOLIDARITY FUND TO PARTICIPATE AT:



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BUDGET OF MY PARTICIPATION AT THE FEJS EVENT

<i>Purpose</i>	<i>Amount (in)</i>
Travel costs (detailed list of used means of transport and costs of them)	
Costs of participation (detailed list of costs at the event)	
Other costs (detailed list of costs)	
<i>TOTAL AMOUNT</i>	
<i>Amount I wish to have from FEJS Solidarity Fund</i>	

OTHER FUNDINGS OF MY PARTICIPATION AT THE FEJS EVENT

<i>Who did I ask for help</i>	<i>Answer</i>	<i>Amount I got (in)</i>
<i>TOTAL AMOUNT</i>		

OTHER COMMENTS, WISHES AND REQUESTS:

DATE:

SIGNATURE OF APPLICANT:
